



CITY OF SUGAR LAND
SIGN PERMIT
APPLICATION

FOR OFFICE USE ONLY

Application #: _____

Date Entered: _____

PROJECT ADDRESS: _____

TENANT NAME: _____

OWNER: _____
COMPLETE MAILING ADDRESS CITY/STATE ZIP PHONE

SIGN CONTRACTOR: _____

ADDRESS CITY/STATE ZIP PHONE

3 SETS OF PLANS ARE REQUIRED

TYPE OF SIGN: (Please check one) Monument/Free Standing Sign ☐ Wall Sign ☐

*Sign Submittals Must Include: Basic site plan and foundation details for monument /free standing signs.
Wall signs must include actual wall dimensions of the wall the sign is located on.*

An electrical disconnect per article 600.6 of the 2005 National Electrical Code is also required for all signs.

SIGN VALUATION: \$ _____

(FEES: \$25 Base Fee, Plus \$15 for First \$1,000 of sign evaluation, Plus \$5 for Each Additional \$1,000)

Wind Device/Banner Permit ☐ (\$25 fee)

Description: _____

(Wind Device/Banner Permits Require: Applicants Driver License # _____ State Issued _____)

**Please note each type of sign requires a separate application (example: wall signs can be combined for same address and each monument sign must be on different applications.)*

NOTICE

Separate permits are required for all building and sign construction. Except for wind devices, this sign permit becomes null and void if work or construction authorized is not commenced within 180 days, or if construction or work is suspended or abandoned for a period of 6 months at any time after work is commenced. For wind devices, this sign permit becomes null and void 28 days after issuance.

I hereby certify that I have read and examined this application and know the same to be true and correct. All provisions of laws and ordinances governing this type of work will be complied with whether specified herein or not. The granting of a permit does not presume to give authority to violate or cancel the provisions of any other state or local law regulating construction or the performance of construction.

****THE FOLLOWING CONTACT INFORMATION MUST BE FILLED OUT****

Signature Of Owner or Authorized Agent Date Printed Name Company

Street Address City State Zip Code

Phone Fax Cell Email

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APPROVALS

ZONING VARIFIED BY: _____ APPROVED FOR ISSUANCE BY: _____